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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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7590	11/20/2006			EXAMINER
JOSEPH D. KUBORN ANDRUS, SCEALES, STARKE & SAWALL 100 EAST WISCONSIN AVENUE SUITE 1100 MILWAUKEE, WI 53202			AHMED, MOHAMED MAHMOUD	
			ART UNIT	PAPER NUMBER
			3736	
DATE MAILED: 11/20/2006				

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/625,633	HUTCHINSON ET AL.	
	Examiner	Art Unit	
	Mohamed Ahmed	3736	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) Responsive to communication(s) filed on 23 July 2003.

2a) This action is **FINAL**. 2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) Claim(s) 1-58 is/are pending in the application.
4a) Of the above claim(s) _____ is/are withdrawn from consideration.
5) Claim(s) _____ is/are allowed.
6) Claim(s) 1-58 is/are rejected.
7) Claim(s) _____ is/are objected to.
8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on 23 July 2003 is/are: a) accepted or b) objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
a) All b) Some * c) None of:
1. Certified copies of the priority documents have been received.
2. Certified copies of the priority documents have been received in Application No. _____.
3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) Notice of References Cited (PTO-892)
2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) Information Disclosure Statement(s) (PTO/SB/08)
 Paper No(s)/Mail Date _____.

4) Interview Summary (PTO-413)
 Paper No(s)/Mail Date _____.
5) Notice of Informal Patent Application
6) Other: _____.

DETAILED ACTION

Claim Objections

Claims 19 and 20 are objected to because of the following informalities: The terminology disclosed in the claims make it difficult for some one of ordinary skill in the art at the time the invention was made to precisely and distinctly understand the scope of these claims. The examiner suggests amending claim 19 to state; "The method of claim 11, wherein determining which rule-based algorithm to apply comprises determining to apply one of the plurality of rule-based algorithms". It is unclear to the examiner how one algorithm could comprise numerous algorithms as stated by the claim. The examiner suggests claim 20 to state; "The method of claim 11, wherein generating a response based on the application of at least one of the plurality of rule-based algorithms comprises generating a response based on all of the rule-based algorithms applied. It is unclear how one algorithm could generate a response on all associated algorithms. Appropriate correction is required.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter, which the applicant regards as his invention.

Claim 58 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

The term "suggested reasons" in claim 58 line 2, is a relative term, which renders the claim indefinite. The term "suggested reasons" is not defined by the claim, the specification does not provide a standard for ascertaining the requisite degree, and one of ordinary skill in the art would not be reasonably apprised of the scope of the invention. The term lacks appropriate descriptions in the specification and is therefore indeterminable.

Claims 24 and 35 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claims 24 and 25 recites the limitation "inputting data relating to the subject" in line one of claim 24 and line 1 of claim 25. There is insufficient antecedent basis for this limitation in the claim. The terms make no reference to the independent claim.

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-37, 39 and 43-58 are rejected under 35 U.S.C. 102(b) as being anticipated by Cairnes USPN 6,139,494. (hereinafter Cairnes 494)

1. A patient physiologic monitoring assembly comprising:

a plurality of sensors generating a real-time physiologic data stream, said real-time physiologic data stream including a plurality of physiologic variables; and (col. 5 ln. 36-50, col. 6 ln. 21-36);

a controller receiving said real-time physiologic data stream, said controller including a logic adapted to (col. 5 ln. 36-50, col. 7 ln. 55-59);

cross reference said plurality of physiologic variables with a logic rule set, said logic rule set including a plurality of logic rules; and (col. 4 ln. 27-39, col. 7 ln. 55-59)

generate a plurality of diagnostic interpretations of said plurality of physiologic variables utilizing said logic rule set. (col. 4 ln. 27-39)

2. A patient physiologic monitoring assembly as described in claim 1, wherein said logic is further adapted to display said first plurality of diagnostic interpretations on a display element. (col. 7 ln. 1-17)

3. A patient physiologic monitoring assembly as described in claim 1, wherein said logic is further adapted to select said first logic rule set from a rules database, said rules database including a plurality of logic rule sets. (col. 7 ln. 53-59, col. 15 ln. 5-27, see fig. 13 element 710)

4. A patient physiologic monitoring assembly as described in claim 1, wherein the logic rule set is a first logic rule set, and the plurality of diagnostic interpretations is a first plurality of diagnostic interpretations; and (col. 4 ln. 1-20)

wherein said logic is further adapted to select a second logic rule set from a rules database, said rules database including a plurality of logic rule sets; and (col. 4 ln. 1-20) generate a second plurality of diagnostic interpretations of said plurality of physiologic variables utilizing said second logic rule set. (col. 4 ln. 1-20)

5. A patient physiologic monitoring assembly as described in claim 1, wherein said logic is further adapted to modify one of said plurality of logic rules within said first logic rule set. (col. 8 ln. 5-27, col. 15 ln. 43-67, fig 13)

6. A patient physiologic monitoring assembly as described in claim 5, wherein said modification comprises editing one of said plurality of logic rules. (col. 8 ln. 5-27, col. 15 ln. 43-67, fig 13)

7. A patient physiologic monitoring assembly as described in claim 5, wherein said modification comprises deleting one of said plurality of logic rules. (col. 8 ln. 5-27, col. 15 ln. 43-67, fig 13)

8. A patient physiologic monitoring assembly as described in claim 5, wherein said modification comprises adding a new logic rule to said first logic rule set. (col. 8 ln. 5-27, col. 15 ln. 43-67, fig 13)

9. A patient physiologic monitoring assembly as described in claim 1, wherein said logic

is further adapted to add a new logic rule set to a rules database. (col. 8 ln. 5-27, col. 15 ln. 43-67, fig 13)

10. A patient physiologic monitoring assembly as described in claim 1, further comprising a plurality of networked medical facilities in communication with said controller such that said first logic rule set may be received from any of said plurality of networked medical facilities. (col. 6 ln. 1-20)

11. A method for monitoring a subject comprising:
storing a plurality of rule-based algorithms that can generate different responses; (col. 5 ln. 36-50, col. 15 ln. 5-27)
determining which rule based algorithm to apply; (col. 5 ln. 36-50, col. 15 ln. 5-27)
acquiring data relating to the subject from a sensor; (col. 5 ln. 36-50, col. 15 ln. 5-27)
applying at least one of the plurality of the rule-based algorithms based on the data; and (col. 5 ln. 36-50, col. 15 ln. 5-27)
generating a response based on the application of at least one of the plurality of rule-based algorithms. (col. 5 ln. 36-50, col. 15 ln. 5-27)

12. The method of claim 11, wherein determining which algorithm to apply comprises displaying a list of choices to a user and receiving a user input indicative of a selection

made by the user. (col. 7 ln. 1-17)

13. The method of claim 11, wherein determining which rule-based algorithm to apply comprises receiving data relating to a characteristic of a subject, and selecting a rule-based algorithm to apply based on the received data relating to the characteristic of the subject. (col. 7 ln. 53-63, col. 8 ln. 5-27).

14. The method of claim 11, wherein acquiring data relating to the subject from a monitor comprises acquiring vital signs data relating to a patient. (col. 7 ln. 26-32)

15. The method of claim 11, further comprising increasing the number of rule-based algorithms that are stored. (col. 8 ln. 5-27, fig 13)

16. The method of claim 11, further comprising transferring a rule-based algorithm that is stored. (col. 6 ln. 1-20, col. 8 ln. 5-27)

17. The method of claim 11, wherein generating a response based on the application of at least one of the plurality of rule-based algorithms comprises generating an alarm. (col. 9 ln. 21-28)

18. The method of claim 11, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln. 1-20)

19. The method of claim 11, wherein determining which rule-based algorithm to apply comprises determining to apply a plurality of rule-based algorithms. (col. 4 ln. 27-39)
20. The method of claim 11, wherein generating a response based on the application of at least one of the plurality of rule-based algorithms comprises generating a response based on all of the rule-based algorithms applied. (col. 9 ln. 21-28)
21. A method for generating a response relating to a subject comprising:
 - acquiring data from at least one sensor coupled to the subject; (col. 5 ln. 30-50)
 - applying a plurality of rule-based algorithms; and (col. 4 ln. 27-37)
 - generating a plurality of interpretations of the data based on the application of the plurality of algorithms. (col. 4 ln. 1-20)
22. The method of claim 21, further comprising generating an alarm based on the plurality of responses. (col. 8 ln. 56-67, col. 9 ln. 21-28)
23. The method of claim 21, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln. 1-20, col. 15 ln. 53-67)
24. The method of claim 21, wherein inputting data relating to the subject comprises acquiring physiological data relating to the subject of interest from at least one sensor

coupled to the subject. (col. 5 ln. 36-50)

25. The method of claim 21, wherein inputting data relating to the subject comprises acquiring data from a database record relating to the subject. (col. 4 ln. 1-39)

26. The method of claim 21, further comprising:

storing a plurality of rule-based algorithms that can generate different responses; and (col. 15 ln. 5-27)
determining which of the plurality of rule-based algorithms to apply. (col. 15 ln. 5-27 and 53-67)

27. The method of claim 21, wherein acquiring data from at least one sensor comprises acquiring data from a plurality of sensors, the plurality of sensors configured to acquire data relating to a plurality of physiologic variables. (col. 5 ln. 36-50)

28. The method of claim 21, wherein the plurality of responses are used to generate a certainty score. (col. 9 ln. 1-8)

29. A method for monitoring a subject, comprising:

acquiring data from more than one sensor coupled to the subject, the sensors inputting data relating to more than one characteristic of the subject; (col. 5 ln. 36-50)

applying the data to a plurality of rule-based algorithms; and (col. 4 ln. 21-39, col. 9 ln. 21-28)

generating a plurality of responses based on the application of the data to the rule-based algorithms. (col. 4 ln. 21-39, col. 9 ln. 21-28)

30. The method of claim 29, wherein generating a response based on the application of at least one of the rule-based algorithms includes generating a value for a characteristic being monitored based on the acquired data from more than one sensor. (col. 5 ln. 30-50, col. 7 ln. 53-63)

31. The method of claim 29, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln. 27-39)

32. The method of claim 29, further comprising:

storing a plurality of rule-based algorithms that can generate different responses; and (col. 7 ln. 25-32, col. 15 ln. 5-27)

determining which rule-based algorithm to apply. (col. 7 ln. 25-32, col. 15 ln. 5-27)

33. A system for using rule-based algorithms, comprising:

a data storage device configured to store rule-based algorithms; and (col. 8 ln. 35-45, col. 15 ln. 7-27)

a network interface configured to transfer the rule-based algorithms across a network, the rule-based algorithm being usable in a system configured to accept rule based algorithms written by unrelated entities. (col. 5 ln. 30-65, col. 6 ln. 1-20, col. 15 ln. 5-27)

34. The system of claim 33, further comprising:

a data acquisition device configured to acquire data from a patient; and (col. 6 ln. 36-62)
a controller that receives the acquired data, the controller including a logic configured to apply the data acquired from the patient to at least one rule-based algorithm transferred from the data storage device. (col. 5 ln. 36-50)

35. The system of claim 34, comprising a controller having a logic that allows rule-based algorithms to be added and removed from a list of algorithms to be applied to the data. (col. 5 ln. 36-50, col. 8 ln. 5-27)

36. The system of claim 33, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln.1-20, 27-39)

37. The system of claim 33, further comprising a controller, the controller including a logic configured to identify a rule-based algorithm that has been modified based on the characteristics of a subject and to transfer the rule-based algorithm to be used by a

monitor that is monitoring the subject using the network interface. (col. 6 ln. 1-20, col. 8 ln. 5-27)

39. A method for supplying rule-based algorithms for use in a medical monitor, comprising:

storing a rule-based algorithm; and (col. 15 ln. 7-27)
transferring a rule-based algorithm across a network, the rule-based algorithm being transferred to a health care facility from a storage location outside of the health care facility's network. (col. 5 ln. 30-65, col. 6 ln. 1-20, col. 15 ln. 5-27)

43. The method of claim 39, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln. 1-20, 27-39)

44. The method of claim 39, further comprising:

acquiring data from a sensor coupled to a patient; and (col. 5 ln. 30-50)
applying the data to a plurality of rule-based algorithms, at least one of the plurality of rule-based algorithms being transferred across the network. (col. 5 ln. 30-65, col. 6 ln. 1-20)

45. The method of claim 39, wherein transferring the rule-based algorithm across a network comprises transferring the rule-based algorithm from a source outside a health care facility's network to a source related to the health care facility. (col. 5 ln. 30-65, col.

6 ln. 1-20)

46. A monitoring system for monitoring a patient, comprising:

a user interface, the user interface configured to facilitate transferring of rule-based algorithms; and (col. 5 ln. 30-65, col. 6 ln. 1-20)
a logic configured to apply data acquired from a sensor coupled to the patient to a rule-based algorithm that is transferred using the user interface. (col. 5 ln. 30-65, col. 6 ln. 1-20)

47. The monitoring system of claim 46, wherein the logic is adapted to apply rules written by unrelated groups. (col. 15 ln. 5-43)

48. The monitoring system of claim 46, wherein the logic is configured such that it can apply more than one set of rule-based algorithms at a time. (col. 4 ln. 27-39)

49. The monitoring system of claim 46, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 4 ln. 1-20)

50. The monitoring system of claim 46, wherein the user interface facilitates transferring of rules-based algorithms across a network. (col. 5 ln. 30-49, col. 6 ln. 1-20)

51. The monitoring system of claim 50, wherein the user interface facilitates transferring

rules-based algorithms from a system outside of a health care facility's network. (col. 5
ln. 30-65, col. 6 ln. 1-20)

52. A method for monitoring a patient, comprising:

acquiring data from a sensor that is monitoring a patient; and (col. 5 ln. 30-50)
displaying information related to a diagnostic interpretation made when the data
is applied to a rule-based algorithm. (col. 7 ln. 1-17 and 53-59)

53. The method of claim 52, wherein the diagnostic interpretation is made based on an
abnormal trend identified by applying the data to the rule-based algorithm. (col. 4 ln. 21-
39, col. 9 ln. 20-28)

54. The method of claim 52, wherein the diagnostic interpretation is made based on
data from a plurality of sensors. (col. 4 ln. 21-39, col. 5 ln. 30-65)

55. The method of claim 52, wherein the rule-based algorithms supply information
related to a diagnostic interpretation. (col. 4 ln. 1-20)

56. The method of claim 52, further comprising increasing or decreasing the number of
rule-based algorithms to apply. (col. 8 ln. 5-11, col. 15 ln. 43-67)

57. The method of claim 52, further comprising transferring in a rule-based algorithm to

apply. (col. 6 ln. 1-20, col. 7 ln. 53-59)

58. The method of claim 52, wherein displaying information related to a diagnostic interpretation comprises displaying a plurality of suggested reasons, the reasons based on the application of the data to at least two rule based algorithms. (col. 7 ln. 1-17 and 53-59)

Claims 33-45 are rejected under 35 U.S.C. 102(b) as being anticipated by Walker et al. US Patent Number 6,302,844.

33. A system for using rule-based algorithms, comprising:

 a data storage device configured to store rule-based algorithms; and (col. 7 ln. 13-44)
 a network interface configured to transfer the rule-based algorithms across a network, the rule-based algorithm being usable in a system configured to accept rule based algorithms written by unrelated entities. (col. 7 ln. 5-60)

34. The system of claim 33, further comprising:

 a data acquisition device configured to acquire data from a patient; and (col. 5 ln. 45-57)
 a controller that receives the acquired data, the controller including a logic configured to apply the data acquired from the patient to at least one rule-based algorithm transferred from the data storage device. (col. 5 ln. 45-67 and col. 6 ln. 1-2)

35. The system of claim 34, comprising a controller having a logic that allows rule-based algorithms to be added and removed from a list of algorithms to be applied to the data.

(col. 6 ln. 3-15)

36. The system of claim 33, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 6 ln. 16-34)

37. The system of claim 33, further comprising a controller, the controller including a logic configured to identify a rule-based algorithm that has been modified based on the characteristics of a subject and to transfer the rule-based algorithm to be used by a monitor that is monitoring the subject using the network interface. (col. 5 ln.45-67 and col. 6 ln. 1-2 and col. 7 ln. 5-60)

38. The system of claim 33, further comprising a bill generator configured to generate a bill based on transferring of rule based algorithms. (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

39. A method for supplying rule-based algorithms for use in a medical monitor, comprising:
storing a rule-based algorithm; and (col. 7 ln. 13-44)

transferring a rule-based algorithm across a network, the rule-based algorithm being transferred to a health care facility from a storage location outside of the health care facility's network. (col. 21 ln. 21-26)

40. The method of claim 39, further comprising generating a bill based on the transferring of the rule-based algorithm. (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

41. The method of claim 39, further comprising transferring the rule-based algorithms only if a predetermined condition relating to access is met. (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

42. The method of claim 41, wherein the predetermined condition is payment of a fee. (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

43. The method of claim 39, wherein the rule-based algorithms supply information related to a diagnostic interpretation. (col. 6 ln. 16-34)

44. The method of claim 39, further comprising:
acquiring data from a sensor coupled to a patient; and (col. 2 ln. 8-18)
applying the data to a plurality of rule-based algorithms, at least one of the plurality of rule-based algorithms being transferred across the network. (col. 2 ln. 4-28)

45. The method of claim 39, wherein transferring the rule-based algorithm across a network comprises transferring the rule-based algorithm from a source outside a health care facility's network to a source related to the health care facility. (col. 21 ln. 21-26)

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 38 and 40-42 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cairnes 494 as applied to claims 1-37, 39 and 43-58 above, and further in view of Walker et al. US Patent Number 6,302,844.

In regards to claim 38, Cairnes teaches a method and apparatus for sending patient information and decision support results to physicians and doctors for expert diagnosis via a tele-informatics system or networks, but fails to disclose a bill generator configured to generate a bill based on transferring of rule based algorithms. However, Walker et al, a reference synonymous with the invention of Cairnes discloses a system of offering physicians and doctors a compensation for their expert diagnosis based on their evaluation of patient information via a wireless or network device. It would have been obvious to some one of ordinary skill in the art at the time the invention was made to modify the method and apparatus of sending patient and decision support results to a

physician or doctor of Cairnes, to include the bill generator of Walker et al, for compensating said physicians or doctors for their diagnosis. Walker et al, states; "a system that allows physicians and other experts to accept or decline offers made by the system to render a diagnosis, thereby implementing a "piecework" type of compensation structure within the confines of, e.g., the medical environment Preferably, such a system minimizes or eliminates the human fallibility involved in noticing alarms and contacting experts in a timely manner . . . thus insuring the quickest possible response." (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

In regards to claim 40, Cairnes teaches a method and apparatus for sending patient information and decision support results to physicians and doctors for expert diagnosis via a tele-informatics system or networks, but fails to disclose a bill generator configured to generate a bill based on transferring of rule based algorithms. However, Walker et al, a reference synonymous with the invention of Cairnes discloses a system of offering physicians and doctors a compensation for their expert diagnosis based on their evaluation of patient information via a wireless or network device. It would have been obvious to some one of ordinary skill in the art at the time the invention was made to modify the method and apparatus of sending patient and decision support results to a physician or doctor of Cairnes, to include the bill generator of Walker et al, for compensating said physicians or doctors for their diagnosis. Walker et al, states; "a system that allows physicians and other experts to accept or decline offers made by the system to render a diagnosis, thereby implementing a "piecework" type of

compensation structure within the confines of, e.g., the medical environment Preferably, such a system minimizes or eliminates the human fallibility involved in noticing alarms and contacting experts in a timely manner . . . thus insuring the quickest possible response." (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

In regards to claims 41 and 42, Cairnes teaches a method and apparatus for sending patient information and decision support results to physicians and doctors for expert diagnosis via a tele-informatics system or networks, but fails to disclose a bill generator configured to generate a bill based on transferring of rule based algorithms. However, Walker et al, a reference synonymous with the invention of Cairnes discloses a system of offering physicians and doctors a compensation for their expert diagnosis based on their evaluation of patient information via a wireless or network device only if the compensation is accepted. It would have been obvious to some one of ordinary skill in the art at the time the invention was made to modify the method and apparatus of sending patient and decision support results to a physician or doctor of Cairnes, to include a condition that the transfer would be made only if the physicians or doctors acceptance of the patients case and the acceptance of proper compensation offered of Walker et al. Walker et al, states; "expert is then paged and offered compensation to render an expert diagnosis on the patient's condition; in the case of an expert accepting the offer, the central server confirms the acceptance and transmits to the expert a copy of at least a portion of the patient's medical history and a description of the current

pattern or data aberration so that the expert diagnosis may be rendered." (col. 7 ln. 45-63, col. 20 ln. 12-26 and 56-67, col. 21 ln. 1-2, fig. 8b and 10-12)

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mohamed Ahmed whose telephone number is 571-272-1537. The examiner can normally be reached on Monday - Friday 9 am - 5 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Max Hindenburg can be reached on 571-272-4726. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Mohamed Ahmed
Examiner
Art Unit 3736

Michael Astorino


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